

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
Substitute for Form PTO-1360  
(For use with Form PTO/SB/06)

Application Number

10/546826

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
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Total Indep			3		2	
Total Depend			9		5	
Total Claims			12		7	

	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						

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